

**CITY OF ALTON**  
509 S Alton Blvd. Alton, TX 78573  
Telephone: 956-432-0760 Fax: 956-432-0766  
www.alton-tx.gov

**REQUEST FOR PUBLIC INFORMATION**

Person Requesting Information \_\_\_\_\_

Firm or Company (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Date: \_\_\_\_\_

Description of Public Record(s) Being Requested (please be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*The information may or may not be available at the time requested or may not be available for public inspection. Should this occur, the information will be released at the earliest convenience\*\*

\_\_\_\_\_  
Signature

*Departmental Use Only*

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Reviewed as to form:

\_\_\_\_\_  
City Secretary

\_\_\_\_\_  
Date Received

Routed to Department: \_\_\_\_\_ Dept. Supervisor: \_\_\_\_\_

Date Sent: \_\_\_\_\_ Response by: \_\_\_\_\_ Date Information Rec'd by Dept: \_\_\_\_\_

**Please Check One of the Following:**

The documents requested **are attached** \_\_\_\_\_ **do not exist.** \_\_\_\_\_

Signature: \_\_\_\_\_, Title: \_\_\_\_\_, Date: \_\_\_\_\_

NOTES:

\_\_\_\_\_  
\_\_\_\_\_